

August 13, 1999

Refer to:
MB:JG
KS WA 0224.90.R1

Rochelle Chronister, Secretary
Department of Social and Rehabilitation Services
Docking State Office Building
915 Harrison
Topeka, Kansas 66612

Dear Ms. Chronister:

I am pleased to inform you that your request for the renewal of Kansas' home and community-based services waiver for persons with mental retardation and developmental disabilities authorized under the provisions of Section 1915(c) of the Social Security Act (the Act) has been approved. This waiver has been assigned control number 0224.90.R1.

No programmatic changes were requested with this renewal.

Based on the assurances and additional information provided, the waiver renewal request is approved for a 5-year period, effective July 1, 1999, as requested.

The following estimates of utilization and cost of waiver services have been approved:

	<u>C</u>	<u>x</u>	<u>D</u>		<u>Total</u>
(07/01/99 - 06/30/00) Year 9	5,524	x	31,021	=	\$171,360,004
(07/01/00 - 06/30/01) Year 10	5,883	x	31,747	=	\$186,767,601
(07/01/01 - 06/30/02) Year 11	6,265	x	32,490	=	\$203,549,850
(07/01/02 - 06/30/03) Year 12	6,672	x	33,250	=	\$221,844,000
(07/01/03 - 06/30/04) Year 13	7,106	x	34,028	=	\$241,802,968

The waiver renewal request conforms to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by your staff.

Sincerely,

Richard P. Brummel
Acting Regional Administrator

cc: Ann Koci
bcc:
Wvr Team/Luce
MJ Duckett, CO
GLAZE:pl December 6, 2002:KS0224_9.REN

Home and Community-Based Services
WAIVER RENEWAL/MODIFICATION

WAIVER REQUEST - EXECUTIVE SUMMARY

STATE: Kansas

WAIVER NO. 0224.90.R1

1. TYPE OF REQUEST

Initial___Renewal_xAmendment___Modification___Extension

2. TARGET POPULATION

Aged___MRDD_xAIDS___OTHER

3. WAIVER SERVICES

Wellness Monitoring, Medical Alert, Family/Individual Supports, Residential Services, Day Services, and Environmental/Adaptive Equipment

4. EFFECTIVE DATES

Initial Waiver 07/01/91
This Waiver 07/01/99

5. CHANGES REQUESTED

No programmatic changes requested with this renewal

6. RECOMMENDATIONS - APPROVALXDISAPPROVAL

Rationale: The State of Kansas submitted the renewal for the persons with mental retardation and developmental disabilities with no changes to the current renewal. The Medicaid waiver team has reviewed the renewal request and recommends approval effective July 1, 1999.

Waiver Team Member

Signature

Date

Jackie Glaze, Team Leader

Sharon Taggart, Services

Mary Stuart, Finance